## Opening DD 88348

	City/State/Zip Phone #			Office Use Only			
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Profit		Amendment		700002617827 -08/17/9801111008 ******35.00 ******35.0			
NonProfit		Resignation of R.A., Officer/ Director		***	*****JD.UU *	******	
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Examiner's Initials

CR2E031(1/95)

## Florida Department of State, Sandra B. Mortham, Secretary of State

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED 'AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1500	8, or 617.1508, Florida Statutes, the						
undersigned corporation organized under the laws of the State of							
submits the following statement in order to change its registered offic	e or registered agent, or both, in the						
State of Florida.							
1. The name of the corporation is: Industrial Turbine	Support, Inc.						
2. The mailing address of the corporation is: 3910 RCA Blvd.	, Suite #1008, Palm						
Beach Gardens, Florida 33410							
3. Date of incorporation/qualification: 11/10/95 Docu	ment number: <u>P95000088348</u>						
4. The name and address of the current registered agent and office:							
Thomas Nangle							
23 S. Ridgeview Road	<u> </u>						
Stuart, Florida 34996  5. The name and address of the new registered agent and office: (P. O.	Box Not Acceptable)						
Michael A. Ladd	ECRE LAH						
3910 RCA Blvd., Suite #1008	TAR) ASS						
Palm Beach Gardens, FL 33410							
The street address of its registered office and the street address of tagent, as changed, will be identical							
Such change was authorized by resolution duly adopted by its boar authorized by the board.	d of directors or by an officer so						
Mauke Nell	8/10/98						
(Signature of an officer, chairman or vice chairman of the board)	(Date)						
Frank O'Neill, President & CEO	8/10/98						
(Printed or typed name and title)	(Date)						
Having been named as registered agent and to accept service of precorporation, I hereby accept the appointment as registered agent of further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the or registered agent.	rocess for the above stated and agree to act in this capacity. e to the proper and complete bligation of my position as						
Market & July	8/10/119						
(Signature of Registered Agent)	(Date)						
If signing on behalf of an entity:							
(Typed or Printed Name)	(Capacity)						
CR2E045(4/95)	FILING FEE: \$35.00						

FILING FEE: \$35.00